_ast Name:	First Name:	Middle:	Municode:
			For DLGS use only:

State of New Jersey Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services Local Finance Board

Section II.	Financial	Information	(continued)
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ection II. Financi	al Information (continued)		Extensior	n Form				
	tional space below as needed.	Be sure to in	clude the lette	r of the questic	on you are answer	ing.		
Key to "Letter" ab	previations: A= Sources of Inco	ome E	B = Fees and H	lonorariums	C = Gifts, reimb	oursements etc.	D = Busines	ss organizations
E. List the add	Name						If Spouse	Dependent Name
Municipali 1. 2. 3. 4. 5. 6. 7. 8. 9.	ty County Block		Qual.	Addres	ss % o	f Ownership Self	f Spouse	Dependent Name